

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598770

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		①		/		
5		①		/		
6		①		/		
7		①		/		
8		①		/		
9		①		/		
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13		①		/		
14		①		/		
15		①		/		
16		②		/		
17		①		/		
18		①		/		
19		①		/		
20		①		/		
21	/		/			
22		1		/		
23		2		/		
24		①		/		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						